

SMALL SCHOOL/RCCI POINT OF SERVICE MEAL COUNT TALLY – BREAKFAST

SFA _____ Month _____ Year _____

[illegible]

Monthly Total Students/Residents_____ Monthly Total Adults_____ Signature_____

Retain this form with the monthly claim for reimbursement.

Revised 04/01

SMALL SCHOOL/RCCI POINT OF SERVICE MEAL COUNT TALLY – LUNCH

SFA _____ Month _____ Year _____

[illegible]

Monthly Total Students/Residents _____ Monthly Total Adults _____ Signature _____

Retain this form with the monthly claim for reimbursement.

Revised 04/01